the heat regulating centre. That fever is the expression of a beneficial reaction of the body is gaining ground. Of itself it could be harmful only if it arose to a very high degree, when the same dangers are to be feared as in insulation. Such an occurrence is rare. The same is true of the increased metabolism which becomes a danger only when there is great inanition. Every physician knows what a bad prognostic sign little or no fever is in severe septic or typhoid infections. Similarly a fall of temperature after artificial animal inoculations is a bad omen. By high temperatures bacteria and their products are partly destroyed, partly rendered harmless. The reaction between toxin and antitoxin takes place better at an elevated temperature.

Muscular Cirrhosis of the Lungs.—DAVIDSOHN (*Berl. klin. Woch.*, 1907, xliv, 33) bases his paper on an autopsy on a man who died of septic endocarditis. The man is said to have suffered for some time with some variety of pulmonary inflammation. The lower lobe of the left lung was so fleshy in appearance that the term carnification was the only one that would fit the microscopic description. That this carnification was due to the presence of smooth muscle fibers was first suggested by the brown appearance of the cells in Van Gieson's stain. The fibers were gathered in bundles running in all directions and without special arrangement, resembling very much a uterine myoma. The pleura covering the lobe was changed into a thick fibroid mass without any muscle cells. The first mention of this pathological condition is by Buhl, in 1873, his description corresponding closely to that of Davidsohn, and its rarity is apparent from the statement of Orth that he himself has never seen an instance. There is now abundant evidence to prove the existence of smooth muscle fibers in normal lung tissue, and Orth notes that they may be much increased in number in brown atrophy. There is nothing in favor of assuming a metaplastic transformation of the connective-tissue cells into smooth muscle fibers. The possibility of the condition being a metastatic myoma or an angiomyoma arising from the vessel walls must be considered. Against the first may be urged that the process is diffuse and not at all like a tumor, and the entire absence of large numbers of lumina of bloodvessels excludes the second. The striking resemblance to the latter condition noted at first glance is shown to depend upon the presence of numerous collapsed alveoli. It seems most probable that the muscle fibers arise by the division and proliferation of preëxisting cells. Davidsohn suggests that the term carnification be reserved for these unusual instances of smooth muscle overgrowth.

Eosinophilic Intestinal Disease.—NEUBAUER and STAUBLI (*Münch. med. Woch.*, 1906, liii, 2380). The occurrence of eosinophiles in certain inflammations of the mucous membranes is accompanied by the formation of Charcot-Leyden crystals and frequently by an increase of eosinophiles in the blood. Evidence points to the Charcot-Leyden crystals arising from the eosinophile cells, and their occurrence has the same significance as finding eosinophile cells. The increase of eosinophiles in the blood is not a constant feature and in some instances they may be diminished in number or even absent. The occurrence of Charcot-Leyden crystals in the stools was first observed in ankylostomiasis and later in other intestinal parasitic infections. Eosinophiles rapidly disintegrate in the bowel, and although they may be missed in the stools there is often an increased number in the blood. This occurrence of eosinophilia with intestinal parasites is so striking that Lichtenstirn has considered them pathognomonic. But later authors have found them to occur in other conditions. Neubauer and Stäubli report cases of acute diarrhœa with marked constitutional symptoms, finding in the stools of the first Charcot-Leyden crystals, and in the second, eosinophiles. During the height of the attack the eosinophile cells had completely disappeared from the blood, returning with abatement of the symptoms. Analogously, the absence of eosinophiles in the blood has been noted in the acute stage of bronchial asthma, and it has been suggested that the supply is drained by the sudden local demand. Dock has shown that eosinophiles may be present in the stools of patients with amœbic dysentery. In the third case reported by the author, one of acute dysentery, they were likewise found, although amœbæ were absent and no typical dysentery bacilli could be cultivated. In the last three cases reported an interesting affection of the lower bowel is considered, which the authors believe is distinctive enough to be classed as a separate clinical entity. All are remarkably similar, occurring in young adults with symptoms of severe diarrhœa and discharges of blood and mucus. Charcot-Leyden crystals were found in the stools of all and numerous well-preserved eosinophile cells in two. Intestinal parasites as well as specific bacteria (dysentery bacilli, tubercle bacilli, gonococci) were absent. The rectal examination through the proctoscope showed an intensely red, loose, mucous membrane with numerous small, yellowish-white areas of exudate which could be easily scraped off and under the microscope were seen to be made up of eosinophile cells and granules and Charcot-Leyden crystals. After scraping off the exudate a deeply injected bleeding erosion remained. There were no ulcers and no cicatrices. Two of the cases showed a distinct increase of the eosinophiles in the blood. Helber, in 1905, described a disease similar to this as sigmoiditis chronica granulosa, but as he says nothing about eosinophiles, the two conditions cannot be definitely identified as the same.

SURGERY.

UNDER THE CHARGE OF

J. WILLIAM WHITE, M.D.,

JOHN RHEA BARTON PROFESSOR OF SURGERY IN THE UNIVERSITY OF PENNSYLVANIA;
SURGEON TO THE UNIVERSITY HOSPITAL,

AND

T. TURNER THOMAS, M.D.,

ASSISTANT SURGEON TO THE UNIVERSITY AND PHILADELPHIA HOSPITALS, AND INSTRUCTOR
IN SURGERY IN THE UNIVERSITY OF PENNSYLVANIA.

A Contribution to the Study and the Treatment of Impassable Noncancerous Strictures of the Œsophagus.—Gross and Sencert (*Revue de chir.*, 1907, xxvii, 1) say that when one has failed, after repeated